



P. O. Box 2094
Richmond, Kentucky
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info@humanesocietyall.com

Foster Care Application

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Email address: _____

Telephone #s: (Home): _____

(Cell): _____

(Work): _____

Why do you want to foster an animal?

Are you over 18 years of age? ___yes ___no (If no, your parent/guardian must complete this form and agreement.) If you live with parents, do they agree with fostering? ___yes ___no

Home Type: ___House ___Condo ___Apt. ___Mobile Home ___Townhouse ___Live w/parents

Fenced Yard: ___yes ___no If yes, what type fence and how tall? _____

Do you carry full homeowner's or renter's insurance on your house & property? ___yes ___no

Where will you keep your foster pet: During Day _____ At Night _____

Do you: ___Own ___Rent (if you rent, provide property owner's name, address, and phone)

Property owner's name: _____

Address: _____

Phone: _____

If you rent, do you have permission from property owner? ___yes ___no

Are you planning to change residences in the near future? ___yes ___no

Will you allow announced/unannounced home visits from Humane Society, A.L.L. staff? ___yes ___no

Have you had pets in the past? ___yes ___no Do you still have that pet? ___yes ___no

Are all your pets altered? ___yes ___no

Are your pets up to date on standard routine vaccinations? ___yes ___no

In the case of cats, have your cats been combo tested to screen for Fiv and Felv? ___yes ___no

List numbers and types of current pets at your household:

I understand how to crate, housebreak, and teaching basic commands with dogs? ___yes ___no

Are you willing to buy litter/litter boxes for cats, pet food for your foster(s)? ___yes ___no

Do you have children at home? If so, list ages and number of children _____

How long would you be able to foster an animal (e.g., two days, a week, a month, indefinitely)?

Are you willing to transport the animal(s) to adoption days and/or the vet for emergency care? ___yes ___no

Do you want to foster ___dog ___cat

Which age would you prefer: ___orphaned newborns (requires around the clock care/supervision)

___ Mother with newborns

___ Young/Newborn (less than one year)

___ Adult (1+yr)

___ Special Needs/or ill animal needing medication/wound care, etc

___ No preference

___ Dog size preference ___Large ___Small ___doesn't matter

Would you be able to serve as an emergency foster care provider for short periods of time? ___yes ___no

Would you be able to foster more than one animal at one time? ___yes ___no

If Yes, how many? _____

Will you be able to keep the foster animals separated from you own animals for at least two weeks and possibly the entire fostering period? ___yes ___no

Please provide **three** personal references that have been to your home. One of the three may be a family member. (Name, address, phone number, email)

1. _____

2. _____

3. _____

Who is your veterinarian: (Name, office address, phone number). If you do not currently have a vet, list past vet.

All the above information is true. I authorize the Humane Society, A.L.L. to contact my references, my vet, and allow Humane Society, A.L.L. staff to make home visits.

If I am under 18 years of age, my parent/guardian must complete this form.

Signature

Date



Foster Care Agreement with Humane Society, A.L.L.

1. I agree to provide proper food, water, shelter, humane treatment, and medical care for the time I am fostering this animal(s). I understand that all cats will be fostered indoors. Dogs cannot be chained out except to potty but no longer than 20 minutes.
2. The animal(s) I foster are the property of the Humane Society, A.L.L. until adopted. **I agree not to give or sell the fostered animal(s) to any entity or person.**
3. I understand that all medical care will be performed at the Humane Society, A.L.L. at no expense to the foster parent. It is my responsibility to notify a Humane Society, A.L.L. representative immediately of any and all medical needs of the foster pet.
4. I agree to return the animal to the Humane Society, A.L.L. if I am no longer able to care for it.
5. I consent to announced and unannounced home visits by representatives of the Humane Society, A.L.L..
6. I understand that I may be asked to bring the foster dog(s) in my care periodically to the Humane Society, A.L.L. for wellness and behavior checks.
7. I understand that the Humane Society, A.L.L. shall be entitled to immediate possession of the fostered animal(s) if any of the above stipulations are not met or any information provided on this application is found to be false.
8. I understand that if I wish to adopt the foster animal, I must complete the same adoption process required by any other person wishing to adopt a pet.
9. The Humane Society, A.L.L. cannot guarantee the health or temperament of the animals placed in foster care. The Humane Society, A.L.L., its past, present, and future officers, directors, agents, employees, and volunteers shall not be held responsible for any defects and/or illness, which the animal may have or may develop, and for any damage or injury caused to any person or property which may be caused by the animal.
10. I, the Foster Parent, agree to release and hold harmless the Humane Society, A.L.L., its past, present, and future officers, directors, agents, employees, and volunteers from and against any and all attorney's fees and damage or any damage or injury to any person or property which may be caused by the animal and or/arising out of and/or in connection with the animal(s).
11. I agree to transport the animal to Adoption Days, which are every Saturday, 12:00-5:00pm. I agree to drop off the animal by 12:00 and return at 5:00 to pick it up.

I certify that I have read, understood, and agree with this Foster Care Agreement.

Signature/Foster Person

Date

Signature/HSALL Staff Person

Date